

U.S. PRO

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Commissioner of Patents and Trademarks
Washington, D.C. 20231

1 FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Michael Thomas Lee and Nancy Perry Pool
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CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EL084632429US, on this 18th day of DECEMBER, 2000.

FRAYDA M. NITSCHKE

Printed Name _____

Signature _____

JC690 U.S. PRO
 09/740080
 12/18/00

Sir:

We are transmitting herewith the attached:

- X **Patent Application Transmittal**
- X **Specification:**
Total pages: 24 (including claims and abstract: Spec. 20 sheets; Claims 3 sheets; Abstract - 1
- X **Drawings:**
Total sheets: 3
☐ formal ☒ informal

X Combined Declaration and Power of Attorney: (UNSIGNED)

- ☐ newly executed
- ☐ copy from prior application
- ☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- ☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | Notification of filing a |
| <input type="checkbox"/> | Assignment of the Invention to Medtronic, Inc. |
| <input type="checkbox"/> | Assignment cover sheet |
| <input type="checkbox"/> | Information Disclosure Statement |
| <input type="checkbox"/> | PTO Form 1449 |
| <input type="checkbox"/> | Copies of IDS citations |
| <input type="checkbox"/> | Preliminary Amendment |
| <input type="checkbox"/> | A copy of the Petition or Conditional Petition for Extension of Time in the prior application. |
| <input checked="" type="checkbox"/> | Return Postcard |

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. _____ / _____.
- ☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation
☐ division ☐ continuation in part of application number _____, filed _____.
- ☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in the prior application is to: _____.

This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) 60/173,079, filed 24 DECEMBER

1999

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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	20	20	=	x 18	0
Independent Claims	2	3	=	x 80	0
Multiple Dependent Claims	NO			+ 270	0
Basic Filing Fee					710
TOTAL					710

Charge Deposit Account No. 13-2546 the sum of \$710.00 (Filing Fee) for a total of \$710.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

Date

12/18/2000

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